

# CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

GILES S. PORTER, M.D., Director

## Weekly Bulletin



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GUY P. JONES  
EDITOR

## *Rabies Spreading in California*

Rabies is increasing in prevalence in many parts of California and unless local communities take decisive action in the control of dogs—particularly stray dogs—the disease may cause tremendous losses in live stock, as well as in human beings. Since the disease is spread largely by stray dogs, the most important action at the present time lies in the destruction of all such strays.

A valuable horse was recently shipped from southern California to Sacramento, where it was entered in the horse show at the State Fair. On the day before the Fair opened, it was necessary to kill this blooded animal because it had developed rabies. Diagnosis was established through the examination of the horse's brain at the State bacteriological laboratory. It is presumed that the horse was bitten by a dog in the southern California community whence it was shipped, as rabies has been widely prevalent in that community.

Since the first of the year, 415 cases of rabies in animals have been reported to the State Department of Public Health. Most of these were from southern California, where the disease has been widely prevalent over a long period of years. During the past few weeks more cases have been reported in other parts of the State and at the present time the disease may be said to constitute a distinct menace to both man and animals.

A few weeks ago a police dog, three months old, was adopted as a camp pet in one of the Civilian Conservation Corps camps in southern California. The dog became rabid and before it died more than eighty human beings had been bitten. In order to prevent the development of the disease, it was necessary for all of these individuals to undergo the Pasteur treatment for its prevention.

Last week, an Irish terrier in Los Angeles bit twenty-five persons, including many women and children. The dog was shot by police and an examination of its brain proved that it was suffering from rabies. The cost of giving the preventive treatment to these large numbers of individuals is very great and failure to control stray dogs constitutes false economy. It is far cheaper to control the disease at its source than it is to deal with the end results. One of the most unfortunate features of this disease lies in the fact that it is children who are generally attacked by rabid dogs. Unless they are provided with the Pasteur treatment at once their lives are placed in jeopardy.

Individuals who care most for their dogs—sportsmen and dog fanciers—and those who enjoy the companionship of dogs are most active in providing protection for their animal friends. By means of vaccination, dogs can be protected against contracting the disease. At the present time, however, the most logical procedure lies in the control of stray



dogs. The great reservoir of infection is in the stray dog population.

Following are the numbers of cases of animal rabies reported in California counties since January 1, 1933:

County	Number of cases
Contra Costa-----	3
Fresno -----	2
Imperial -----	22
Kern -----	1
Los Angeles-----	304
Madera -----	1
Marin -----	1
Merced -----	11
Sacramento -----	3
San Diego-----	10
San Joaquin-----	34
Sonoma -----	1
Stanislaus -----	19
Tulare -----	3
Total -----	415

#### MAYONNAISE SURVEY CONTINUED

A survey of the mayonnaise industry, both manufacturing and retail, was made in northern and southern California during August. The investigations covered all phases of manufacture. Raw products were examined for possible adulteration and contamination. One manufacturer was using spoiled eggs. Rancid oil was being used by another manufacturer and 16 cases of the finished product were quarantined on this account. Special attention was paid to the use of illegal coloring material and to the practice of mixing returned material which is classed as "spoilage" with mayonnaise of good quality. Violations of the Food Sanitation Act were also noted. A total of 83 retail inspections was also made.

#### FLAVORING EXTRACTS INSPECTED

Considerable adulteration of extracts and flavors has been found. Work during the past month was concentrated principally on rebottlers who purchase extracts in barrels and bottle them. Particular attention was paid to suspected cases of mislabeling. One manufacturer who has been cited before the State Board of Public Health previously for mislabeling vanilla extract was found to be making a vanilla compound but using no vanilla. A total of 1152 bottles of this material was quarantined.

#### THE MEDICAL PROFESSION AND THE PUBLIC HEALTH

(Continued from last issue)

Diphtheria prevention might be chosen as the field in which to make a beginning in the program of medical participation, but our real objective should be to secure the active participation of every qualified and prepared physician in the practice of preventive medicine. To this end the health department must be aggressive and serve as a stimulative influence. The physician must be willing to subordinate his personal views to group judgment.

I emphasized the word prepared. When the Detroit plan was inaugurated, it was discovered that there were a few physicians who did not know the difference between antitoxin and toxin-antitoxin. There were many who were not familiar with a Schick test. Our first effort must therefore be directed toward the preparation of the physician. Post-graduate conferences in communicable disease control, at regular stated intervals, should be launched immediately through the health committee of the local medical society and the health department. A strong effort must be put forth to stimulate and gain the interest of the physician. The apparent lethargy or lack of cooperation on the part of physicians may be due to no small extent to the fact that no effort has been made to stimulate their interest or gain their confidence. If this be true, the condition should be remedied without delay.

Doctor Hieronymus, Health Officer of Oakland, reports that the number of children under five years of age in Oakland is estimated at about 14,880 on January 1, 1933. Of these children 1553 have been immunized by the health department. There is no record of the number done by private physicians. However, it is estimated that there are 7375 children who have never been immunized. In order to prevent diphtheria, 65 per cent of the children under five should be immunized. It would also be necessary to immunize about 3000 each year in order to keep pace with the 4000 births.

In Oakland it has been found that the disadvantage of mass clinics is that the children are of school age, 6 years and up, and too old to get the best results. The proper time to immunize is under one year; preferably 6 months to 9 months and 65 per cent of the children from 1 to 5 years are necessary to control diphtheria.

The Oakland record is good. But it is not good enough, and will not be satisfactory until the physicians themselves take up arms in the war for disease prevention. Organization to fight disease is com-



munity health work but organization alone is not enough. The best genius of a general can win no war unless each individual soldier fights. Let each individual physician look upon himself as a soldier in this battle, and the tide of battle will turn in your respective communities, just as it has in Wayne County, Michigan.

Consider, I pray you, the enviable results attained by the Metropolitan Life Insurance Company. Figures just obtained from the San Francisco offices of the company show that the death rate for policyholders per 1000 persons was 12.5 in 1911, and 8.34 in 1932. Had the death rate of 1911 prevailed in 1932 nearly 70,000 more policyholders would have died. And that, my friends, is the record of one company, not of the health department of a great city with every facility for the safeguarding of health. How was it accomplished? By education. By education of the policyholders, none of whom wish to die, and all of whom are naturally amenable to intelligently directed and carefully considered health information.

We must, of course, go directly to the public in any well laid plan for immunization with the cooperation of organized medicine. The avenues of approach are many—news stories, paid newspaper advertisements, outdoor billboards, posters on street cars, moving picture theaters, lectures, radio talks, and the distribution of literature on the subject. Literature may be distributed in numerous ways—attached to milk bottles, wrapped about every package purchased in a drug store, and in a score of other ways. Publicity campaigns would be more necessary at certain times and could be emphasized when the need was greatest for immunization, but it should be continuous until the public finally grasps and accepts the idea that the physician stands ready not only to cure the ills of humanity, but to prevent sickness. The campaign of education should be extended to periodic examinations—a field sadly neglected in this age of specialization.

In conclusion, may I not say that the medical profession should not be wholly in the position of repairing leaky lifeboats aboard ship, but should also devote itself to inspecting and making seaworthy lifeboats on shore.

The Health Officers' Section of the California League of Municipalities, by lending its support to this program, would do an incalculable good toward the prolongation of lives and the saving of vast sums to the taxpayer, and thus help to make this a happier world. During the economic crisis one-half of the world has become aware of the other half's existence and, more important, its needs.

Never was there a more opportune time to launch

a program of preventive medicine with the full and hearty cooperation of the health departments, and, with success crowning our efforts, we will have builded well for a finer, healthier, happier California.

### CALIFORNIA CITIES ENROLL IN CONTEST

In mid-September, a total of 138 cities had enrolled in the 1933 Health Conservation Contest conducted jointly by the United States Chamber of Commerce and the American Public Health Association. Most of these cities have participated in previous contests and the American Public Health Association is anxious that cities which have not competed heretofore shall enroll in the 1933 contest. Thirteen California cities have already enrolled. They are Glendale, Los Angeles, Montebello, Oakland, Palo Alto, Pasadena, Pomona, Redlands, Riverside, Sacramento, Santa Ana, Santa Paula and Torrance. Many California cities are eligible for the contest and it is hoped that a goodly number of them will become enrolled during the next few weeks. There are still three months in which it is possible for them to join.

Following are the names of the cities in California which are eligible but which have not yet signified their intention of competing:

Alhambra	Fresno	Pittsburg
Altadena	Gilroy	Porterville
Anaheim	Glendora	Redding
Arcata	Hayward	Redondo Beach
Atascadero	Healdsburg	Richmond
Bakersfield	Hollister	St. Helena
Balboa	Holtville	Salinas
Berkeley	Huntington Beach	San Diego
Beverly Hills	Hynes	San Fernando
Brawley	Imperial	San Francisco
Brentwood	Lodi	San Jose
Burlingame	Long Beach	San Luis Obispo
Calexico	Los Gatos	Santa Barbara
Calipatria	Madera	Santa Cruz
Chico	Manteca	Santa Monica
Chula Vista	Martinez	Santa Rosa
Colton	Modesto	Sebastopol
Colusa	Monrovia	Sierra Madre
Compton	Monterey	Sonoma
Concord	Morro Bay	Tulare
Corcoran	National City	Ukiah
Crescent City	Oakdale	Ventura
Dinuba	Ontario	Visalia
El Centro	Orland	Watsonville
El Segundo	Palm City	Whittier
Eureka	Paso Robles	
Exeter	Petaluma	

"This human life is only a perpetual illusion; people do nothing but deceive and flatter one another. No one speaks of us in our presence as he speaks of us in our absence. The union that exists among men is based only on this mutual imposition; and few friendships would survive if each one knew what his friend says of him behind his back, although he then speaks sincerely and without passion."—Blaise Pascal, Chapter VIII.



## CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

### DISEASES REPORTABLE IN CALIFORNIA REPORTABLE ONLY

ANTHRAX	MALARIA*
BERIBERI	PELLAGRA
BOTULISM	PNEUMONIA (Lobar)
COCCIDIOIDAL GRANU- LOMA	RELAPSING FEVER
DENGUE*	ROCKY MOUNTAIN SPOTTED FEVER
FLUKE INFECTION	SEPTIC SORE THROAT
FOOD POISONING	TETANUS
GLANDERS***	TRICHINOSIS
HOOKWORM	TULAREMIA
JAUNDICE (Infectious)	UNDULANT FEVER

### ISOLATION OF PATIENT

CHICKENPOX**	OPHTHALMIA NEONA- TORUM
DYSENTERY (Amoebic)	PSITTACOSIS
DYSENTERY (Bacillary)	RABIES (Animal)**
ERYSIPELAS	RABIES (Human)
GERMAN MEASLES**	SYPHILIS
GONOCOCCUS INFECTION	TRACHOMA
INFLUENZA	TUBERCULOSIS
MEASLES**	WHOOPING COUGH**
MUMPS**	

### QUARANTINABLE

CHOLERA***	SCARLET FEVER
DIPHTHERIA	SMALLPOX
ENCEPHALITIS (Epidemic)	TYPHOID AND PARA- TYPHOID FEVER
LEPROSY	TYPHUS FEVER
MENINGITIS (Epidemic)	YELLOW FEVER***
PLAGUE***	
ACUTE ANTERIOR POLIOMYELITIS	

\* Patient should be kept in mosquito-free room.  
\*\* Nonimmune contacts isolated also.  
\*\*\* Cases to be reported to State Department of Public Health  
by telephone or telegraph and special instructions will be issued.

### MORBIDITY \*

#### Diphtheria

31 cases of diphtheria have been reported, as follows: San Leandro 1, Kern County 1, Los Angeles County 5, Culver City 1, Los Angeles 12, Pomona 1, San Gabriel 2, Maywood 1, Colfax 1, Riverside 1, Sacramento 2, San Diego 2, San Francisco 1.

#### Chickenpox.

129 cases of chickenpox have been reported. Those communities reporting 10 or more cases are as follows: Berkeley 14, Oakland 15, Los Angeles County 28, Los Angeles 11, San Francisco 22.

#### Measles

71 cases of measles have been reported. Those communities reporting 10 or more cases are as follows: San Diego 37.

\* From reports received on October 2d and 3d for week ending September 30th.

#### Scarlet Fever

118 cases of scarlet fever have been reported. Those communities reporting 10 or more cases are as follows: Los Angeles County 26, Los Angeles 29.

#### Whooping Cough

184 cases of whooping cough have been reported. Those communities reporting 10 or more cases are as follows: Alameda County 10, Berkeley 11, Oakland 20, Los Angeles 47, Stockton 13.

#### Smallpox

12 cases of smallpox have been reported, as follows: Los Angeles 11, Santa Monica 1.

#### Typhoid Fever

9 cases of typhoid fever have been reported, as follows: Fresno County 1, Los Angeles County 1, Long Beach 1, Los Angeles 1, Roseville 1, San Diego 1, San Francisco 2, Palo Alto 1.

#### Meningitis (Epidemic)

One case of epidemic meningitis from Los Angeles County has been reported.

#### Leprosy

One case of leprosy from San Francisco has been reported.

#### Poliomyelitis

5 cases of poliomyelitis have been reported, as follows: Fresno County 1, Los Angeles 1, Sacramento 1, Turlock 1, California 1.\*\*

#### Encephalitis (Epidemic)

2 cases of epidemic encephalitis have been reported, as follows: Fresno 1, Lindsay 1.

#### Food Poisoning

32 cases of food poisoning have been reported, as follows: Albany 4, Los Angeles County 3, Los Angeles 3, Montebello 17, Madera 4, San Francisco 1.

#### Undulant Fever

One case of undulant fever from San Francisco has been reported.

#### Relapsing Fever

One case of relapsing fever from San Bernardino County has been reported.

\*\* Cases charged to "California" represent patients ill before entering the State or those who contracted their illness traveling about the State throughout the incubation period of the disease. These cases are not chargeable to any one locality.